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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Nepal

The Executive Director recommends that the Executive Board approve the country programme of Nepal for the period 1992-1996 in the amount of $25 million from general resources, subject to the availability of funds, and $34,620,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. Nepal is one of the poorest countries in the world. Its per capita gross national product (GNP) of $180 reflects the relative wealth of Kathmandu, the capital. However, according to recent estimates, 70 per cent of the country's total population live in absolute poverty. According to the 1991 census, the infant mortality rate (IMR) and the under-five mortality rate (U5MR) are 107 and 165 per 1,000 live births, respectively; and 65 per cent of the adult population is illiterate, with a female illiteracy rate of 82 per cent. It is estimated that 50 per cent of children under five years of age suffer from severe or moderate malnutrition. The maternal mortality rate (MMR) is estimated to be 850 per 100,000 live births, one of the highest in the world.

2. Many of Nepal's poor are engaged in subsistence farming. A typical poor hill farming family has seven members and owns about a half hectare of land, which produces enough to feed the family for between three and six months of the year. During a substantial part of the year they eat only one meal per day. In such a family there is continuing malnutrition and illness, and it is almost certain that at least one child will die.

3. In Nepal, 70 per cent of all production is used to meet basic livelihood needs and does not involve the cash economy. Children provide an important source of labour from an early age. A child in the 6- to-14-year age-group works from three to six hours per day and girls work twice as many hours as boys. Women spend 25 per cent more time than men on subsistence activities, in addition to their domestic work. Some 16 per cent of all human labour is devoted to fuel and fodder collection alone, in addition to water carrying. These chores are done by women and children, in addition to their farming and grazing work. In many cases, a family's food supply is insufficient to meet its nutrional needs, especially during the pre-harvest months. This situation is exacerbated by the fact that most women in Nepal are either pregnant or nursing during much of their short lives. Although the law sets the minimum age for marriage at 16, studies suggest that 22 per cent of girls are married by 13 years of age and 50 per cent by age of 16 years. Nepal is one of only three countries in the world where a woman's life expectancy is lower than a man's.

4. Nepal's population, currently estimated at 18.4 million, is growing at an annual rate of 2.6 per cent. Some 93 per cent of the labour force is engaged in agriculture. At current population growth rates, there will be some 300,000 new entrants per year into the labour force at the turn of the century. Some unexploited agricultural land remains.

5. In 1990, Nepal underwent a revolution and the Government became responsible to the people in a multi-party democracy. A new constitution guaranteeing basic freedoms is in place and a parliament was elected for the first time in 30 years. Previously undiscussed issues are now openly debated. In this more open atmosphere, initiatives such as the World Summit for Children have made it possible to increase advocacy for children in all

possible forms and at the highest political levels with the Government, non-governmental organizations (NGOs), professional associations, popular groups at the village level and the private sector.

PROGRAMME COOPERATION, 1988-1991

6. The country programme for 1988-1992 has been reduced to four years because the annual programme budget levels were increased and the approved funds disbursed ahead of schedule. The Government, with UNICEF cooperation, implemented the country programme with the objectives of reducing IMR, U5MR, illiteracy and malnutrition, increasing the accessibility of water supplies and improving sanitary conditions.

Health and nutrition

7. Nepal has a poor peripheral health care delivery system. Most of the 675 health posts face shortages of personnel, finances and essential drugs. UNICEF assisted the primary health care (PHC) system through the training of out-posted staff and the provision of essential drugs. UNICEF has joined other donors in supporting the training of 3,000 (out of 6,000) traditional birth attendants (TBAs), 25,000 community health volunteers and 4,000 village health workers (VHWs), all of whom help to link the community with the extended network of health posts. This strategy of strengthening the health support network through community involvement will continue to be emphasized in the new programme.

8. From a base in 1988 of less than 25 per cent coverage for most antigens, at the end of 1990 the Ministry of Health reported coverage figures that were close to 80 per cent. Some important activities contributing to the success of the expanded programme on immunization (EPI) effort were the development of the cold-chain infrastructure in all 75 districts, the supply of vaccines and equipment, the training of all 4,000 VHWs as vaccinators and of other central and field health staff in microplanning and mapping, and nationwide social mobilization activities.

9. For the control of diarrhoeal diseases (CDD), a communications effort promoted public awareness of the seriousness of diarrhoea and the importance of the use of oral rehydration salts (ORS)/salt-sugar solution. Some 65 per cent of mothers interviewed in a survey knew about ORS, but only 6 per cent knew about its correct preparation and use. Activities supported by UNICEF included training of personnel and the establishment of 200 oral rehydration therapy (ORT) corners in health facilities. National ORS production capacity doubled from 3.5 million to 7 million one-litre packets per year. CDD project activities were coordinated with the EPI, breast-feeding promotion, health education and water supply and sanitation activities.

10. UNICEF supported two pilot studies on acute respiratory infections (ARI) and on the administration of antibiotics by trained lay workers. This led to the adoption of a national policy to introduce an ARI-control programme nationwide, with the selective use of antibiotics for case management at the health-post level and below.

11. Except for a 1975 national nutrition survey, there are no updated national figures on child malnutrition. Survey samples taken later using the anthropometric methods of the 1975 survey showed slightly decreased malnutrition levels, but because of the differences in the age-groups studied, the figures are not strictly comparable. The trends for chronic malnutrition showed a decline from 48.2 per cent in 1975 to 42.8 per cent in 1982 and 35.2 per cent in 1987 (using the height-for-age criterion). In contrast, the severest form of malnutrition increased in number in the Far West, Central and the Hills districts. Until the end of 1990, UNICEF continued to support a broad-based multisectoral nutrition intervention project under the UNICEF/World Health Organization (WHO) joint nutrition support programme.

12. Breast-feeding promotion and education about weaning foods were incorporated into programmes to reach the rural poor, including a project on production credit for rural women, the small farmers development programme and formal and non-formal education. Some 90 per cent of women breast-feed their infants for six months. The adoption of the International Code of Marketing of Breast Milk Substitutes is expected to help prevent any future deterioration of this situation.

13. UNICEF continued to support the programme to control iodine deficiency disorders (IDD). According to available data, it achieved 95 per cent coverage of the 14- to 45-year age-group in the 33 districts where iodine deficiency is endemic. According to a 1985 impact evaluation study conducted by UNICEF and the Ministry of Health, this resulted in a significant drop in the incidence of goitre from 57.6 per cent in 1982 to 39.7 per cent in 1985, and in cretinism from 2.8 per cent to 0.4 per cent.

14. UNICEF supported vitamin A distribution which served 90 per cent of the target population in seven districts. UNICEF also supported a randomized community trial on 28,630 children aged 6 to 72 months, which showed that vitamin A supplementation produced a 30 per cent reduction in child mortality, compared with a similar unsupplemented control group.

Education

15. New approaches to non-formal education were part of the pilot education for rural development project in the Seti zone, which was supported by UNICEF, the United Nations Development Programme (UNDP) and the United Nations Educational, Scientific and Cultural Organization (UNESCO). Among these new approaches were the development of school clusters and educational resource centres, community involvement in education and school management, alternative education for out-of-school children (such as the Cheli Beti programme for out-of-school girls) and adult literacy. These efforts have benefited some

11,000 out-of-school girls (against the planned 66,000), and 23,000 adults (out of the 40,000 originally planned) in one of the most disadvantaged areas of the country.

16. The primary education project, supported jointly by the World Bank and UNICEF, addressed curriculum reform and development, which led to the testing and adaptation of relevant new curricula based on educational goals and learning objectives. Some of the experiences gained from the Seti zone project were developed further and applied on a wider scale in the primary education project. These included the development of adult literacy curricula, training modules and low-cost teaching materials, as well as the expansion of the Cheli Beti programme for out-of-school girls and the coeducational Shishkya Sadan project for out-of-school children. These non-formal educational activities have benefited more than 200,000 adults and out-of-school children, as opposed to the 140,000 originally planned. A 1990 evaluation indicated that 75.5 per cent of the participants in the literacy programme were young females and that 50 per cent had fully achieved literacy skills, while 25 per cent had achieved semi-literacy. The literacy programme efficiency ratio, as reflected in the completion rate, is 58 per cent. The per capita participant cost is $8.00. More than 50 per cent of the participants have used literacy and functional skills in their daily life activities. Adult participants have reported improvements in income, in the use of safe drinking water and sanitation, in immunization rates and in the number of visits to health posts. In developing its Education Master Plan for the period 1990-2001, the Ministry of Education drew on the experiences and approaches developed in the Seti zone and the primary education projects. The plan now provides the framework for national action in basic and primary education and for international support for those areas.

Water supply and sanitation

17. UNICEF has been one of the main donors supporting rural water supply and sanitation activities throughout the country. Approximately 810,000 people were given access to potable water, and sanitary latrines were built by 40,000 families. These figures were 40 per cent below expectations, however. Some problems encountered were frequent rotation of government staff; overly ambitious targets, especially for sanitation; insufficient area focus for UNICEF support; and delays in the release of funds to implementing levels.

18. UNICEF supported the training of more than 1,000 government staff of various levels and 20,000 community volunteers and users' committee members on water supply management, environmental sanitation and health education. A women's involvement component was developed within the sanitation campaign, benefiting 300,000 people (out of 500,000 planned). That approach is expected to be reflected in the forthcoming government policy on sanitation.

Convergent services

19. The area-based approach was used to deliver integrated basic services through revolving credit and poverty alleviation activities under the small-scale farmer development programme, serving 122,000 families, and the production credit for rural women project, serving 250,000 women. The income generated from the project activities was used to meet basic family needs; food had the highest priority, followed by health and educational needs. In one study, more than half of the women respondents indicated that there had been a positive change in the way they were treated by their families, friends and the community. Involvement in the credit project has increased women's participation in decision-making at home.

20. The 1989 impact evaluation study of the credit project indicated a loan repayment rate of about 88 per cent. Among the individual sector activities, agriculture showed a 92.2 per cent return over a three-year period. The repayment rate on loans was 84 per cent for livestock and 64 per cent for cottage industry activities. The results indicated that women had saved five to six hours of labour per day because of the provision of drinking water schemes in the project areas. An urban basic services project was developed to provide basic services to children and women in five selected poor urban areas.

21. The environment project initiated in 1990 was integrated within the small-scale farmer's programme and in the credit project. Under this project, 63,000 (out of 79,000 planned) fuel wood tree saplings were produced in 6 out of 17 planned nurseries; 15,000 (out of 30,000) fruit trees were planted; new household cooking stoves, low-cost latrines and compost pits were promoted; and related training activities were provided to field staff and community-level beneficiaries.

Advocacy and social mobilization

22. Programme communication has been a part of all programmes supported by UNICEF. Increased advocacy efforts have been targeted at various levels of the Government and at NGOs, the community and other development agencies. The activities have capitalized on the new opportunities created by the Convention on the Rights of the Child, the World Conference on Education for All, the South Asian Association for Regional Cooperation (SAARC) Year of the Girl Child and the World Summit for Children. Media mobilization activities were also undertaken in a consistent manner, with children's issues appearing regularly in the press. Among these was a national campaign on ORT, breast-feeding and EPI promotion. Facts for Life has proved an effective tool for social mobilization of various groups in support of child survival and development programmes.

23. The Ministry of Communications has established an Advisory Group for Child Welfare, and the mass media is increasingly highlighting issues related to child development. Publishing agencies have started producing reading materials for children. Communication-related experimentation, research and

advocacy are intended to create more positive images in the mass media of girls, women and children with disabilities.

Planning and evaluation

24. Together with the Government, other donors and NGOs, UNICEF supported and organized three seminars and two workshops on children's and women's rights, the Summit goals in the context of Nepal, the girl child and the SAARC initiative on the Decade of the Girl Child and the development of a national programme for children in the 1990s.

25. Support for microplanning and mapping in every district was a major factor in the success of EPI and will also help in future efforts to sustain it. A number of research studies and evaluations of EPI, vitamin A, CDD, essential drugs, basic education, water supply and sanitation and production credit for rural women were undertaken and supported. The results of the mid-term review were incorporated in programme adjustments and in programme development.

Lessons learned

26. Assessment of past experience indicates that, because of its very difficult terrain, Nepal needs to increase decentralization as a major strategy, with more decision-making autonomy given to the district level and below. It is clear that central-level planning has not been able to provide the majority of the population with basic services. It is necessary to explore alternatives starting from the community level.

27. Mapping and microplanning by districts was the key to achieving levels approaching universal child immunization coverage. The strategy provides skills training to district-level staff to develop plans, including target setting, cold-chain movements, immunization schedules and training and supervision schedules. Mapping and microplanning by districts seems to be the most effective means of achieving universal coverage goals.

28. Effective community involvement is the key to ensuring viability and continuity of projects and programmes, through the proven modalities of increasing social awareness and social mobilization.

29. There is better acceptance and use of health services by women in communities with female community volunteers and health workers. The same can be said of education; studies of the Cheli Beti programme indicate much better results with out-of-school girls when the teacher is female. Efforts to recruit larger numbers of female health and education workers must thus be strengthened.

30. There should be better targeting of rural, poor landless women for the provision of credit, the promotion of literacy and other basic services programmes.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $25,000,000
Supplementary funding: $34,620,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	9 500	11 229	20 729
Education	7 000	5 352	12 352
Water supply and sanitation	2 000	11 602	13 602
Area-based programme	2 250	5 937	8 187
Advocacy and communication	1 500	500	2 000
Programme support	2 750	-	2 750
Total	25 000	34 620	59 620

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

31. The development of this country programme of cooperation has taken into consideration the goals and strategies for children and women in the Declaration and Plan of Action of the World Summit for Children. A national seminar on the goals and strategies for the 1990s and the mid-term review of the existing country programme provided the occasion for the formulation of an initial strategic framework of cooperation between the Government and UNICEF, in which general agreement was reached on goals and strategies. The situation analysis was further refined, and working groups, coordinated by the National Planning Commission, started work on a 10-year National Programme of Action for Children in pursuance of paragraph 34 of the Summit Declaration. This facilitated the preparation of the master plan of operations which incorporated UNICEF support for the national goals and strategies and modalities of the country programme for the period 1992-1996.

National goals for children and women

32. Nepal's goals for children and women in the 1990s, as incorporated in the ninth national development plan (1992-1998) are: (a) to reduce IMR and U5MR from 107 and 165 per 1,000 live births to 45 and 70 per 1,000 live births, respectively, and to reduce MMR by half from 850 to 425 per 100,000 live births; (b) to increase access to and use of safe drinking water from 37 to 80 per cent of the general population, and of sanitary means of excreta disposal for the urban population from 34 to 75 per cent and for the rural population from 6 to 31 per cent; (c) to increase access to primary education from 64 to 100 per cent of school-aged-children (gross enrolment) and to increase the enrolment of girls from 31 to 100 per cent; and (d) to reduce by one third moderate and severe malnutrition among children under five years old from 50 to 34 per cent. Among other types of malnutrition, the Government expects to reduce the incidence of low birth weight of newborn babies to levels below 10 per cent, to reduce iron deficiency anaemia from 78 to 52 per cent by the end of the decade, and to eliminate virtually vitamin A deficiency and IDD.

Country programme objectives

33. The UNICEF country programme will support progress towards the above-mentioned goals. The decrease in IMR can only be achieved by sustained reduction of morbidity through maintaining and sustaining universal levels of vaccination coverage and by eradicating poliomyelitis and neonatal tetanus. The health programme objectives are: (a) to reduce diarrhoea incidence by 1996 by 15 per cent of the 1990 levels to prevent 8,000 diarrhoea deaths per year during the entire programme of cooperation by increasing knowledge about diarrhoea treatment and the correct use of ORT from 3 per cent in 1990 to 25 per cent in 1996; (b) to reduce U5MR caused by ARI-related causes by one third by the year 2000, with an intermediate reduction of 17 per cent by 1996, so that 7,000 ARI deaths will be prevented per year; (c) to provide safe water supplies to 50 per cent of the population by 1996; (d) to expand primary school enrolment from 64 per cent of school-aged-children to 80 per cent by 1996, and increase the enrolment of girls from 31 to 65 per cent so that by the end of the decade they almost equal the number of boys enroled; (e) to increase the completion rate of primary education from 27 to 55 per cent by 1996; and (f) to lower the adult illiteracy rate from 65 per cent in 1990 to 51 per cent by 1996, with a strong focus on female literacy.

34. The programme will seek to reduce iron deficiency anaemia in women from 78 per cent in 1990 to 70 per cent by 1996. To achieve virtual elimination of vitamin A deficiency, the prevalence of Bitot Spots (spots on the eyes associated with vitamin A deficiency) must decrease from 2.1 per cent in 1990 to 1.5 per cent by 1996. The prevalence of IDD must be reduced from 40 to 28 per cent in the same period. All these measures are expected to reduce IMR from 107 to 80 and U5MR from 165 to 130 per 1,000 live births, respectively, by the end of the programme cycle in 1996.

Strategy

35. The National Planning Commission and the Ministry of Finance are the primary government agencies for cooperation with UNICEF. The operational planning will be done by task forces from the sectoral ministries. The country programme will promote planning from a community base ("empowering from the family up") with maximum involvement of NGOs and community organizations. The participation of female-headed households, communities, front-line workers and district- and regional-level officials in planning and management will be given momentum during this country programme period. Mapping and microplanning will be the main tool for programme planning and implementation. This country programme will continue to support and enlarge the activities of convergent services, but will move towards community-based programming by supporting related initiatives through NGOs and local councils. Priority will be given to human resources development, not only by improving the general health and nutritional status of children and women, but also by lowering illiteracy rates and improving the quality and coverage of education. High priorty will be given to poverty alleviation through income-generating activities linked to water supply and sanitation, women's involvement and literacy and also by ensuring that poor rural areas receive high priority in the delivery of basic services. UNICEF will strongly advocate putting children first in the allocation of national and donor resources. Social mobilization and communication and information activities will be strengthened to enhance awareness and to mobilize political will for the cause of children.

Health and nutrition

36. Activities will seek to empower families and community organizations with knowledge that will help them better to care for themselves. These efforts will benefit from materials based on Facts for Life. Front-line supporters at the community level include community health volunteers and TBAs, supported by the VHWs operating out of the health posts and providing regular monthly village contacts. UNICEF will support national efforts with a special focus on strengthening health services at the health-post level and below. The aim is to expand and sustain the 80 per cent levels of immunization coverage and to derive other maternal and child health (MCH) benefits from the extended outreach capacity and logistics system of the immunization programme. The CDD programme will emphasize mothers' preparation and use of ORS and continued appropriate feeding during diarrhoeal episodes. Support will also be continued for ORS production. Peripheral-level health workers will receive support to promote breast-feeding and appropriate weaning food practices and to provide safe water, sanitation and hygiene education so as to reduce morbidity from diarrhoeal diseases. Mothers and community health volunteers will be trained in the early recognition of pneumonia and health workers will be given appropriate training in the management and treatment of ARI. Operations research will be supported to provide data to assist in the formulation of communication strategies for projects on CDD and ARI control, as well as on safe motherhood. This project will also strengthen the capacity of health posts and district hospitals to manage cases of diarrhoea, pneumonia and complicated deliveries that are referred to them.

37. Advocacy for safe motherhood will emphasize the discouragement of early marriage and the preference for sons. Support will be provided for training 2,000 new TBAs and for refresher training for 6,000 more. Ways to strengthen the antenatal care referral mechanism with local and district health facilities will be developed. The skills of auxiliary nurses and VHWs to train and supervise TBAs will be upgraded. Family planning education and advocacy will be emphasized, and support for MCH training will be provided in close cooperation with the United Nations Population Fund (UNFPA), the World Bank and the United States Agency for International Development (USAID).

38. Support will be provided to family planning education through curriculum and textbook development at the formal primary-school and non-formal levels. Advocacy and communications projects will emphasize raising the age of marriage and will seek to spread knowledge about safe motherhood and family planning to the vast majority of Nepali families. Family planning education is also included in all aspects of the community-based programme. Close collaboration with UNFPA will be maintained for this purpose.

39. The current safe motherhood programme envisages a multifaceted preventive approach through awareness-building and health education. However, the detection and referral of difficult pregnancies has to be done by community health volunteers, VHWs and TBAs. They will be supported by both UNICEF and UNFPA and will provide safe motherhood and family planning advice along with other basic health areas. The national family planning project will support activities aimed at enhancing the capacity of district hospitals to act as referral centres for the management of complicated pregnancies, and for the promotion of family planning and MCH services at the district level.

40. The basic health support system will be a pivotal centre of development for the above-mentioned actions. It will be strengthened through support for the training of 4,000 VHWs and 1,200 auxiliary nurse midwives who work most closely with the communities; they will also be supported through the provision of essential drugs at the level of health post and below. Community involvement in the financing and management of services along the lines of the Bamako Initiative will be supported with a view to promoting sustainability in the PHC system. The health information systems for health posts and community health workers will be improved and simplified.

41. The nutrition programme of the Ministry of Health will be strengthened and expanded from the present three regions to national coverage. Support will be given to the training of VHWs and female community health volunteers, as well as to growth monitoring and the control of micronutrient deficiency disorders, maternal iron deficiency anaemia and vitamin A deficiency in children. The goitre and cretinism eradication programme will be supported by providing iodated oil injections for programmes and by enhancing coverage through use of iodized oil capsules. Greater access to capsules and iodated salt will be developed further.

Basic education

42. Curriculum revision at the primary school level will now be complemented by UNICEF support for the development and production of textbooks and materials, with a focus on the first three primary grades. The enhancement of reading, numeracy and life skills, including family planning, will be stressed. This will support the Government aim to make high-quality learning materials available free of charge at the primary level so as to increase enrolment and reduce the number of drop-outs.

43. Community support to education efforts will be promoted through a "village readiness" programme aimed at encouraging parents to send their children to school and to keep them there until they complete the primary cycle (preventing drop-outs), and more generally at increasing community participation in education efforts.

44. At the non-formal level, educational materials and funds for training will be provided to meet the increasing demand for adult literacy, particularly among women, and to support the alternative education programme for out-of-school children, particularly girls (the Cheli Beti programme). The community-based early child education and care project will seek to go to scale during the programme period.

Water supply and sanitation

45. The UNICEF-supported water supply and sanitation programme will have four projects tailored to geophysical areas using different and appropriate technologies: (a) gravity-flow schemes in the hilly areas; (b) spring protection in the hilly areas; (c) shallow wells in the terai (plains area); and (d) deepwells in the boulder formations between the hills and the terai. Expected to join the Government in implementing this programme are the Nepal Red Cross Society, Water Aid, six international volunteer agencies and some 60 local NGOs. Priority will be given to the coordination of UNICEF-assisted programmes with other donors.

46. The water supply programme will promote enhanced community participation, paying particular attention to the involvement of women in planning, maintenance and general health promotion activities. Greater intersectoral linkages with other programmes will also be emphasized, as will a range of appropriate training programmes. Some 2.5 million people will be reached, mainly in the Central and Eastern Development Regions of Nepal, which have the highest population density. Some additional beneficiaries will also be reached in other locations through the area-based programme: the small farmer's development project; production credit for rural women; and urban basic services.

Community-based programme

47. This programme will continue and enlarge the convergent services programme, and will also support activities to improve local-level urban planning and management through technical cooperation and training for municipal cities and city development authorities. The new modality will strengthen support to community-level initiatives for urban improvement through local NGOs and councils. It comprises five complementary projects (the small-scale farmers' development project, the production credit for rural women project, urban basic services, literacy and the environment) and will enhance significantly the achievement of national goals for children and development for the 1990s. The target is to reach over 1.5 million families living below the poverty level by 1996. This programme will serve 1,200 village development committees country-wide and will continue its focus on poverty alleviation through credit, self-help and the provision of integrated basic services, with participation from NGOs and local community institutions.

Advocacy and communications

48. The advocacy and communications programme will provide essential support towards reaching the goals for children in the 1990s. Advocacy will focus on children's rights, the girl child, women in development and development education. Project support communications will be an integral part of efforts for immunization, CDD, safe motherhood, family planning, nutrition education, sanitation and hygiene and the village readiness programme in basic education. Facts for Life constitutes a communications resource that cuts across all programmes. The advocacy and communications programme will also seek to build alliances for children by mobilizing volunteer groups, NGOs, public organizations, professional bodies and donor agencies.

Planning, monitoring and evaluation

49. The National Council for Child Development, with the National Planning Commission as its secretariat, will provide the overall umbrella for child monitoring. Monitoring capacities of relevant sectoral ministries and their subnational organs will need to be addressed. UNICEF proposes to support the development of national monitoring mechanisms in support of the full implementation of the Convention on the Rights of the Child and the goals for children in the 1990s.

50. Operational research activities will include training for mapping and microplanning methods successfully used for EPI. This methodology will be expanded to support community-based development in all projects. This effort will be complemented by the development of research mechanisms and the establishment of a monitoring and evaluation system.

51. In addition to annual reviews of programmes and a mid-term review scheduled for 1994, other planned evaluation activities include an EPI evaluation in 1994; knowledge, attitude and practices studies on community self-financing for essential drugs in 1992-1993; an impact evaluation of the

small farmer development programme in 1994; an impact evaluation of the environment project in 1994; and baseline surveys for 15 municipalities under the urban basic services project in 1992-1993. In addition, sectoral programme evaluations, especially of the health sector, have been planned. Some of them will use sentinel sites and/or rapid assessment methodology. A monitoring and evaluation plan for the country programme is incorporated in the master plan of operations.

Cooperation with other agencies

52. This programme has been developed in close cooperation with other United Nations agencies such as UNDP, UNFPA, the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) and WHO. There have also been consultations with the World Bank and the Asian Development Bank. Other bilateral agencies and more than 20 NGOs working for children and women in Nepal will be involved in programme implementation.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Nepal (1990 and earlier years) UNICEF country classification

Under-five mortality rate	189	(1990)	Very high U5MR
Infant mortality rate	123	(1990)	Very high IMR
GNP per capita	$ 170	(1990)	Low GNP
Total population	19.1 Million	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	537	639	694	725
Infant deaths (under 1)	(thousands)	85	91	93	89
Under-five deaths	(thousands)	133	142	144	137
Under-five mortality rate (per 1,000 live births)		247	222	207	189
Infant mortality rate (under 1) (per 1,000 live births)		159	143	134	123

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1975)	Moderate & severe	70a	..
	Severe	5a	..
Babies with low birth weight (%)		..	..
% of primary school children reaching final grade (1980/1988)		..	27*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1976)		92/ 92/ 82	../ ../ ..
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1988)		91	94
Food production per capita index (Index 1979-1981=100, 1980/1990)		102	109
Household expenditure (% of total income, 1980-1985)	All food/cereals		57/ 38

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1989)			14
Access to health services (% of population, 1980/1987)	Total	..	..
	Urban/rural	../..	../..
Access to safe water (% of population, 1980/1990)	Total	12	37
	Urban/rural	82/ 7	66/ 34
Access to adequate sanitation (% of population, 1980/1985)	Total	2	2
	Urban/rural	16/ 1	17/ 1
Births attended by trained personnel (%, 1980/1987)		..	6
Maternal mortality rate (per 100,000 live births, 1979/1986)		..	830

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	32	67	99
	DPT	16	32	85
	Polio	1	20	84
	Measles	2	46	71
Pregnant women (%) immunized against	Tetanus	4	10	28

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TABLE 1 (continued)

Nepal

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	82/ ..	86/ 64
(%, 1980/1988)	Male	115/ ..	112/ 84
	Female	48/ ..	57/ 43
Secondary enrolment ratio (gross/net)	Total	21/ ..	30/ 23
(%, 1980/1988)	Male	33/ ..	42/ 32
	Female	9/ ..	17/ 13
Adult literacy rate, 15 years & older	Total	13	26
(%, 1970/1990)	Male/female	23/ 3	38/ 13
Radio/television sets			
(per 1,000 population, 1980/1988)		20/ 0	33/ 2

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Million)	11.5	14.9	16.9	19.1	24.1
Population aged 0-15 years	(Million)	..	6.4	7.5	8.5	10.1
Population aged 0-4 years	(Thousands)	..	2421.5	2882.5	3080.9	3466.1
Urban population (% of total)		4	6	8	10	14
Life expectancy at birth	Total	42	47	50	52	57
(years)	Male	43	48	50	53	58
	Female	42	46	49	52	57
Total fertility rate		6.3	6.4	6.1	5.7	4.7
Crude birth rate (per 1,000 population)		46	44	41	38	32
Crude death rate (per 1,000 population)		22	18	16	14	11

		About 1980	Most recent
Contraceptive prevalence rate		2	14
(%, 1976/1986)			
Population annual growth rate	Total	2.4	2.5
(%, 1965-1980/1980-1990)	Urban	5.1	7.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		0.0	1.8
(%, 1965-1980/1980-1990)			
Inflation rate (%, 1965-1980/1980-1989)		8	9
Population in absolute poverty	Urban/rural	55/ 61	../ ..
(%, 1977)			
Household income share	Top 20%/bottom 40%	59/ 13	../ ..
(%, 1976-1977)			
Government expenditure	Health/education	4/ 10	6/ 9
(% of total expenditure, 1980/1989)	Defence	7	7
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	US$ millions	163	488
(1980/1989)	As % of GNP	8	15
Debt service			
(% of goods & services exports, 1980/1989)		2	14

a/ Rural only.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991 a/

(In thousands of United States dollars)

COUNTRY: NEPAL
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $17,500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	5406	1454	494	110	749		1146	79	7795	1643	9438
Water supply and sanitation	55	5166	78	139	532	947	224	769	889	7021	7910
Nutrition	1168	506	73	150	31	18	591	653	1863	1327	3190
Education	437	97	475	114	444	61	306	839	1662	1111	2773
Community organization and development	425	1	155	80	55				635	81	716
Women-centred programme	183	280	171	266	164	38	710	965	1228	1549	2777
Advocacy	100		25		203		117		445		445
Planning and project support	182		34		626		385	35	1227	35	1262
Freight	595	192							595	192	787
GRAND TOTAL	8551	7696	1505	859	2804	1064	3479	3340	16339	12959	29298

GR = General resources.
FSF = Funded supplementary funding.
a/ Due to an increase of annual programme budget levels, funds were disbursed ahead of schedule.

/...

TABLE 3. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: NEPAL Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health and nutrition	GR	1900	1900	1900	1900	1900	9500
	FSF	771					771
	NSF	1629	2400	2400	2400	2400	11229
Education	GR	1400	1400	1400	1400	1400	7000
	FSF	1004	144				1148
	NSF	296	1156	1300	1300	1300	5352
Water supply and sanitation with women's involvement	GR	400	400	400	400	400	2000
	FSF	1995	403				2398
	NSF	805	2397	2800	2800	2800	11602
Social mobilization and advocacy	GR	300	300	300	300	300	1500
	NSF	100	100	100	100	100	500
Programme support	GR	550	550	550	550	550	2750
Integrated area-based programme	GR	450	450	450	450	450	2250
	FSF	865	150	48			1063
	NSF	536	1250	1351	1400	1400	5937
TOTAL	GR a/	5000	5000	5000	5000	5000	25000
	FSF	4635	697	48			5380
	NSF	3366	7303	7951	8000	8000	34620
GRAND TOTAL		13001	13000	12999	13000	13000	65000

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
a/ In addition, there are $150,000 allocations approved previously for integrated programme and $200,000 was allocated prior to 1992 for unfunded supplementary funds.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: NEPAL	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts	4	1016
Local national Professional and General Service established posts	16	207
Operating costs		760
Total	20	1983
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	11	2175
Supplementary funds	4	425
Local national Professional and General Service project posts		
General resources	45	347
Supplementary funds	13	105
Total	73	3052

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.